Lahey CLINIC

Health & Wellness News

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A Candid Look at Ovarian Cancer


Sally Harris

Sally Harris thought little at first of the fullness she felt in her abdomen. As an operating room nurse at Lahey, Harris knew it could be a sign of something serious, but she wasn't worried.

"It wasn't painful," says Harris, who first noticed the symptom in July of 2000. "It was just this full feeling in my stomach—I thought it might be a cyst." She decided to wait until her annual checkup a few months later to mention it to her doctor.

At her appointment, Harris's doctor performed a pelvic exam and ordered a transvaginal ultrasound (an ultrasound performed through the vagina to look at a woman's reproductive organs).

"By the time I had my ultrasound in December I was feeling a lot worse," says Harris. "I had to urinate often and I was so bloated some of my colleagues thought I was pregnant."

The ultrasound confirmed an ovarian mass, and Harris was sent to see Anne Shapter, MD, a gynecologic oncologist at Lahey, for further diagnosis.

What Is Ovarian Cancer?

All women have two ovaries, which produce eggs and female hormones. Ovaries contain three types of tissues: epithelial cells, which cover the ovaries; germ cells, which make the eggs inside the ovaries; and stroma cells, which make up the tissue holding the ovary together. The most common type of ovarian cancer is epithelial, accounting for 90 percent of all cases.

Ovarian cancer was the cause of close to 14,000 female deaths in 2010 in the United States, according to the American Cancer Society. Knowing the risk factors and the symptoms of ovarian cancer is crucial to helping women increase the chance of diagnosing the disease earlier, when it's easier to treat.

Harris certainly never thought she was at risk for ovarian cancer. She had no family history of the disease—only one great aunt with breast cancer. And at the time of her diagnosis in January of 2001, she was only 42 years old.

"I was lucky because my cancer was found before it spread. I think the most important thing is not to ignore any early symptoms," Harris says. "Even if you're like me and don't have a lot of risk factors, you could still be vulnerable. Don't wait to see a doctor."

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Could you be at risk for ovarian cancer?

Research shows that certain factors *may* put a woman at greater risk for developing ovarian cancer. These include:

- Age (more than half of all women diagnosed are over 60)
- Being postmenopausal (beyond menopause)
- Being obese
- Cigarette smoking
- Infertility or having had no children
- Use of hormone replacement therapy (HRT)
- A personal history of breast cancer
- Family history of breast or ovarian cancer

A significant risk factor for developing ovarian cancer is hereditary ovarian cancer syndrome, or a mutation of the breast cancer gene 1 (BRCA1) or breast cancer 2 (BRCA2) genes. Women of Ashkenazi Jewish descent are at particularly high risk of carrying these types of mutations.

While most women with ovarian cancer do not carry a mutation, if you think you may be at risk for hereditary ovarian cancer syndrome, you can undergo genetic testing, like the type offered at Lahey's Familial Cancer Risk Assessment Center.

Research has also shown that some factors can help decrease a woman's risk of ovarian cancer:

- Taking birth control pills (estrogen/progestin)
- Breast feeding
- Having a tubal ligation (surgery to close the fallopian tubes)
- Having a hysterectomy (removal of the uterus)

To learn more about genetic testing and Lahey's Familial Cancer Risk Assessment Center, visit www.lahey.org/FCRAC.

It Whispers, So Listen

According to Valena Soto-Wright, MD, a gynecologic oncologist at Lahey Clinic, ovarian cancer symptoms are often vague and can easily be confused with other conditions, causing delays in diagnosis.

"Some of the more common symptoms are bloating or increased abdominal size and feeling full quickly," says Soto-Wright. "If you feel like you've just eaten Thanksgiving dinner but have only had a few crackers, that's a reason to be concerned." Urinary urgency (always feeling like you need to go) or urinary frequency (having to go often) can also be indicative of ovarian cancer. Although these are common symptoms of other issues and usually not a cause for worry, don't take any chances. "If you are experiencing any of these symptoms daily for more than three to four weeks without relief, you should see your doctor as soon as possible," says Soto-Wright.

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Unfortunately, no simple screening tool exists for detecting ovarian cancer in its early stages. Some doctors recommend that women at higher risk for ovarian cancer have a transvaginal ultrasound and CA-125 testing every six months. CA-125 is a protein that is found more in ovarian cancer cells than in other cells. This protein enters the bloodstream and can be measured by a blood test. Studies have shown that the CA-125 test is more successful in measuring a woman's response to treatment for ovarian cancer than it is for screening, where it often delivers false positives. To learn more about this screening option you should talk to your physician or gynecologist.

The Right Doctor Makes a Difference

Although not all ovarian masses are cancer, if you have a suspicious mass, the American College of Obstetricians and Gynecologists (ACOG) strongly recommends seeing a gynecologic oncologist as the next step. Gynecologic oncologists are specially trained in treating cancers of the female reproductive system. According to the American Cancer Society, treatment by a gynecologic oncologist has been shown to help patients with ovarian cancer live longer.

The first thing a gynecologic oncologist will do is determine if an ovarian mass is cancer and, if it is, assess how far it has spread, a process known as staging. Tissue samples are taken from different parts of the pelvis and abdomen during surgery, and are then examined under a microscope. How a patient's ovarian cancer is treated depends upon the stage at which it is found.

Harris chose to have a total abdominal hysterectomy (removal of the uterus through the abdomen), as well as a bilateral salpingo-

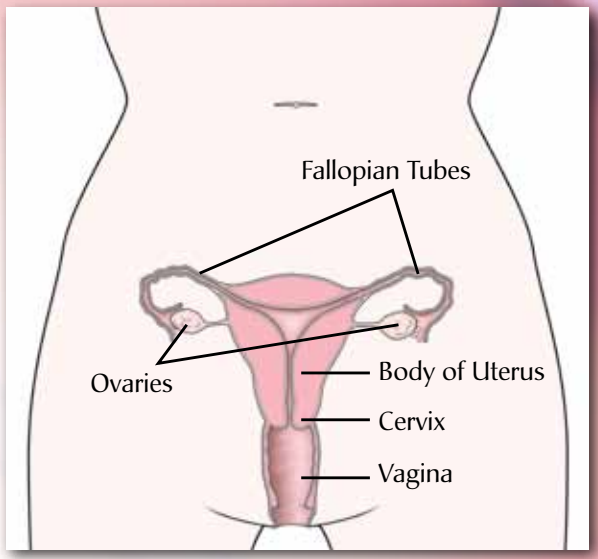
oophorectomy (removal of the fallopian tubes and both ovaries). Removal of the ovaries is central to treating ovarian cancer. She then underwent chemotherapy to ensure any remaining microscopic cancer was destroyed.

"Every woman's situation is unique," says Shapter, Harris's doctor. "Treatment is personalized according to the stage of the cancer, and the overall health and preferences of the patient, including the desire for future fertility for some patients."

"Some good news is that the five-year survival rate for ovarian cancer caught early is greater than 90 percent," adds Soto-Wright.

Harris is living proof.

"It's been almost 10 years since I finished chemotherapy and I've been cancer free ever since," she says. "I have the folks at Lahey and the support of my loved ones and friends to thank for this."



Removal of the ovaries is central to treating ovarian cancer.

To learn more about gynecologic oncology at Lahey Clinic, visit www.Lahey.org. To make an appointment, call 781-744-8000.

The Modern Hysterectomy

"Laparoscopic or minimally invasive hysterectomies are becoming more popular among women with noncancerous gynecologic conditions as well as certain types of endometrial and cervical cancers," says Valena Soto-Wright, MD, who performs these procedures at Lahey along with Anne Shapter, MD. Benefits of minimally invasive hysterectomies include less or no scarring, quicker recovery and less bleeding.

Below are some of the alternatives to the traditional abdominal hysterectomy.

- **Vaginal hysterectomy:** Unlike traditional abdominal surgery, a vaginal hysterectomy allows the surgeon to access the pelvic organs through the vagina. The uterus is taken out through a cut in the vagina, which is then closed with stitches.
- **Laparoscopic hysterectomy:** A laparoscope is a narrow tube with a tiny camera on the end. The surgeon will make three to four small cuts in the patient's belly. The laparoscope and other surgical instruments will be inserted through the cuts. The uterus is then removed through the small cuts.
- **Laparoscopically assisted vaginal hysterectomy:** The surgeon inserts a laparoscope and other instruments into the patient's belly through two or three small cuts. The surgeon removes the uterus through a cut inside the vagina.
- **Robotic surgery** is like laparoscopic surgery, but a special machine is used.

(Definitions courtesy of MedlinePlus.Gov)